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(Requ	uestor's Name)	
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(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Division of Cor	porations		
TEC INST	RUMENTALLLC		
SUBJECT:			
		nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDO RUCKER		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	TEC INSTRUMENTAL I	J.C	
		11:	
	3370 NE 190TH ST APT	Firm/Company	
	3,570 NI; 120111 31 Al 1	1913	
	······································	Address	
	AVENTURA, FL33180		
		City/State and Zip Code	
	fernando@insidefwd.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please c	all:	
Fernando Rucker		786 616-1 444	
	en	at ()	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

TEC INSTRUMENTAL LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	03/15/2021 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registe
agent and/or the new registered office address here.	7
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR	=	Authorized	Mem	ber

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JIMENA ANDREA BRUNI	3370 NE 190TH ST APT 1915	
			(ÐÁdd
		AVENTURA, FL 33180	Remove
			Change
MGR	NICOLAS FZEQUIEL BRUNI	3370 NE 190TH ST APT 1915	<u>ф</u> ми
		AVENTURA, FL 33180	til Add
			□Change
MGR	PAOLA LORENA BRUNI	3370 NE 190TH ST APT 1915	_ [J]\dd
	 _	AVENTURA, FL 33180	
			□Remove
			[] (u
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ffective date, if other than th	a data of Glina		(ti1)	
an effective date is listed, the date m	ist be specific and cannot be p	rior to date of filing or more	(optional) than 90 days after filing.) Pursuar	n to 605,0207
lote: If the date inserted in this to ocument's effective date on the local	lock does not meet the app	plicable statutory filing re	equirements, this date will not	be listed as
ocument scircetive date on the	epartificiti of State's fector	ius.		
anneal anneal Control de Level de Contr	on days 1 as a grown of the			
record specifies a delayed effecti Lis filed.	ve date, but not an effectiv	e time, at 12:01 a.m. on	he carlier of: (b) The 90th d	ay after the
May, 3rd	2021			
ated	 ,	·		
/	<i>;</i>			
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Typed or printed name of signee